

Bureau of Health Care Quality and Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>NVN379AGC</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>12/30/2009</b>
NAME OF PROVIDER OR SUPPLIER  <b>ST ANTHONY FAMILY HOME CARE</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>1885 CASTLE WAY</b> <b>RENO, NV 89512</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
Y 000	<p>Initial Comments</p> <p>Surveyor: 28384</p> <p>The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state, or local laws.</p> <p>This Statement of Deficiencies was generated as a result of a complaint investigation conducted in your facility on 12/29/09. This State Licensure survey was conducted by the authority of NRS 449.150, Powers of the Health Division.</p> <p>The facility is licensed for six Residential Facility for Group beds for elderly and disabled persons, Category I residents. The census at the time of the survey was four.</p> <p>Complaint #NV00023934 was substantiated. See Tags Y103, Y104, and Y105.</p> <p>Other deficiencies were identified. See Tag Y181.</p>	Y 000		
Y 103 SS=F	<p>449.200(1)(d) Personnel File - NAC 441A / Tuberculosis</p> <p>NAC 449.200 1. Except as otherwise provided in subsection 2, a separate personnel file must be kept for each member of the staff of a facility and must include: (d) The health certificates required pursuant to chapter 441A of NAC for the employee.</p>	Y 103		

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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Y 103	Continued From page 1  This Regulation is not met as evidenced by: Surveyor: 28384 Based on record review on 12/29/09, the facility failed to ensure 1 of 2 employees complied with NAC 441A.375 regarding tuberculosis (TB) testing for the protection of all residents (Employee #2 - no second-step TB test and no physical examination).  Severity: 2 Scope: 3	Y 103			
Y 104 SS=C	449.200(1)(e) Personnel File - References  NAC 449.200 1. Except as otherwise provided in subsection 2, a separate personnel file must be kept for each member of the staff of a facility and must include: (e) Evidence that the references supplied by the employee were checked by the residential facility.  This Regulation is not met as evidenced by: Surveyor: 28384 Based on record review on 12/29/09, the facility failed to investigate the references on 1 of 2 employees (Employee #2).  Severity: 1 Scope: 3	Y 104			
Y 105 SS=F	449.200(1)(f) Personnel File - Background Check  NAC 449.200 1. Except as otherwise provided in subsection 2, a separate personnel file must be kept for each	Y 105			

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Y 105	Continued From page 2  member of the staff of a facility and must include: (f) Evidence of compliance with NRS 449.176 to 449.185, inclusive.  This Regulation is not met as evidenced by: Surveyor: 28384 Based on record review and interview on 12/29/09, the facility failed to ensure 1 of 2 caregivers met background check requirements (Employee #2 lacked fingerprints and background reports).  Severity: 2 Scope: 3	Y 105			
Y 181 SS=F	449.209(8) Health and Sanitation-Temperature  NAC 449.209 8. The temperature of the facility must be maintained at a level that is not less than 68 degrees Fahrenheit and not more than 82 degrees Fahrenheit.  This Regulation is not met as evidenced by: Surveyor: 28384 Based on observation on 12/29/09, the facility failed to ensure the house was maintained at the minimum temperature of 68 degrees for 4 of 4 residents.  Findings include:  The residents complained to surveyor of feeling cold. Surveyor found the thermostat in the living room set at 65 degrees and covered with a small	Y 181			

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Y 181	<p>Continued From page 3</p> <p>cardboard box. The words, "Do Not Touch" were written in red ink on the outside of the box. The caregiver and surveyor adjusted the thermostat to 68 degrees.</p> <p>On a return visit the next morning, a digital thermometer was used to assess the temperature of the living area and bedrooms. These rooms had temperatures between 68-69 degrees.</p> <p>The hall bathroom had a temperature of 66 degrees.</p> <p>The door to the hall bathroom was kept closed and the room was unoccupied. There was a sign on the bathroom door with instructions to keep the door closed. There was a towel pinned to the wall which completely covered the wall heater. The wall heater was located on the lower part of the bathroom wall directly across from the toilet. The wall heater had a on/off switch which was taped down in the off position.</p> <p>Severity: 2 Scope: 3</p>	Y 181			

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